

TRAVEL EXPENSE CLAIM

Traveler ID Unit Code

STAFF ORIGINAL

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STD. 262 (REV. 10/92)

240

CLAIMANT'S NAME Kaira Esgate		Fiscal Year 2008-2009	2008TEC1700	SSN OR EMPLOYEE NUMBER*		DEPARTMENT OPR	
POSITION Director of External Affairs		CB/ID NO.: EXEMPT		DIVISION OR BUREAU CaliforniaVolunteers			PCA # <i>See Notes</i>
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 1110 K Street, Suite 210			TELEPHONE NUMBER 916-323-4982
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
Sacramento	CA	95818		Sacramento	CA	95814	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) Apr 2009				BREAK- FAST	LUNCH	O.T., L.T., N/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
											\$0.00		\$0.00	
4/8	1100 2115	Sac/San Diego/Sac					\$30.00		\$9.00	26	\$14.30		\$53.30	
											\$0.00		\$0.00	
4/10	0600 1800	Sac/San Diego/Sac		\$6.00			\$30.00		\$9.00	26	\$14.30		\$59.30	
											\$0.00		\$0.00	
4/17	0430 2400	Sac/Monterey/Sac		\$1.96			\$31.65		\$12.00 8.00		\$0.00		41.61 \$45.61	
											\$0.00		\$0.00	
4/24	1100 0700	Sac/San Diego	\$107.99		\$6.36		\$14.16		\$18.00	13	\$7.15		\$153.66	
4/25	0800 2100	San Diego/Sac								13	\$7.15		\$7.15	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
10)		SUBTOTALS	\$107.99	\$7.96		\$6.36	\$105.81		\$48.00 44.00	?	42.9		315.02 \$349.02	

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL

\$315.02 ~~\$319.02~~

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/8: Attended the California Workforce Association Conference in San Diego- PCA 11100

4/10: Attended Disaster Corps Program Coordinator Meeting- PCA 2110

4/17: Attended the Community College's Annual Workforce Conference in Monterey with Secretary Baker- PCA ~~6/20/10~~ 6/20/10

4/24-4/25: Attended Cesar Chavez Day Playground Build in Fallbrook- PCA 11301

117) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER
UO DUCS

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate aimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

5/ CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE /

7) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____